



**TOWN OF UXBRIDGE
BOARD OF HEALTH
TOWN HALL
21 SOUTH MAIN STREET
UXBRIDGE, MA 01569
508-278-8604**

REQUEST FOR SITE INSPECTION TO EXTEND PERIOD OF VALIDITY

FEE: \$75.00

(Check made payable to the Town of Uxbridge)

DATE: _____

I HEREBY MAKE A REQUEST TO THE UXBRIDGE BOARD OF HEALTH FOR A SITE INSPECTION FOR A SOILS TESTING/PLAN REVIEW EXTENSION:

PROPERTY LOCATION: _____

THE PURPOSE OF THIS REQUEST IS TO EXTEND THE EXPIRATION DATE OF:

Soils Evaluation Testing:

Date of Testing: _____ Applicant Name at Time of Testing: _____

Name of Engineer that performed Testing: _____

Design Plan:

Date of Plan: _____ Date of Last Revision noted on Plan: _____

Date of Board of Health Approval: _____

Applicant Name at Time of Testing: _____

Name of Design Plan Engineer: _____

Signature of Applicant

For Board of Health Use Only

Date of Inspection of above referenced property: _____

Board of Health Recommendation: *Approved* *Disapproved*

Reason for disapproval: _____

Soils Testing extended to date: _____

Design Plan extended to date: _____

Signature of Board of Health Agent

